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	CHEDULE B (FEC Form :	' Use separate sche		FOR LINE NUMBER: (check only one)					PAGE 6/6						
!!	EMIZED DISBURSEMEN	for each category of Detailed Summary		À	21b 27	$\dot{\Box}$	22 28a	X 23 28		24 28c	П	25 29		26 30b	
	y Information copied from such Reports for commercial purposes, other than usir														
$\rangle$	NAME OF COMMITTEE (In Full) American Bus Association-Buspa	c Political Action Committe	ee												
	Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS  Mailing Address PO Box 17192 Suite F	<b>S</b>						saction of Disbu		ent		0 0 1 0	Y		
	City Ft Mitchell Purpose of Disbursement	State Zip Coo KY 41017					Amou	int of Ea	ach Di	sburse		this P	erio	d	
	Candidate Name		1	ateg Typ	ory/										
	Office Sought: House Senate President	Disbursement For:  Primary G  Other (specify) ▼	eneral												
	State: District:														

SUBTOTAL of Disbursements This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	<u> </u>	500.00